

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	X					
3	X					
4						
5	X					
6	X					
7	X					
8						
9						
10	X					
11	X					
12						
13						
14						
15	X					
16	X					
17	X					
18	X					
19						
20	X					
21	I					
22	I					
23	I					
24	I					
25	I					
26	I					
27	I					
28	I					
29	I					
30	I					
31	I					
32	I					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

TOTAL IND.      TOTAL DEP.      TOTAL CLAIMS